

SURVEY OF INCOME AND EXPENSES

You are being asked to complete this form because you (or someone in your household) requested utility assistance, and it was reported that you have no proof of income. The State of California requires all adults (anyone 18 years and over) living in the household to report all sources of income. If an adult claims to have no proof of income, this form must be completed so we can understand how that person is meeting expenses. Please complete the information below:

Name and Address	
Name:	
Address:	

Section 1: Do you have sources of income you forgot to report?				
YES	NO	During the previous month have you been employed part time?		
YES	NO	During the previous month have you been self-employed?		
YES	NO	During the previous month did you receive money for any work that you perform only once in a while, like yard work, child care, donating blood, etc?		
YES	NO	During the previous month have you received any gifts of money from anyone? If yes, please list the name and phone number of the person who gave you the gift:		
YES	NO	During the previous month did you receive any of the following: (circle any that apply)		
		WORKER'S COMP	UNEMPLOYMENT	GOVERNMENT SPONSORED BENEFITS
YES	NO	Do you receive any of the following (circle any that apply)		
		ANNUITY PAYMENT	PENSION	TRIBAL CASINO PAYMENTS
				RENTAL INCOME
				INSURANCE BENEFITS

Put Notary stamp below, if needed (DOE only) or have
 Executive Director Sign here

Section 2: Are you spending your savings or borrowing money to cover monthly expenses?	
YES	NO
Are you using savings or a home equity loan?	
How much? _____	
YES	NO
Are you using some other asset?	
How much? _____	
YES	NO
Are you borrowing from credit cards?	
How much? _____	
YES	NO
Are you borrowing from some other source?	
How much? _____	

Section 3: Please tell us how you paid these monthly expenses during the previous months:			
EXPENSE	MONTHLY COST	HOW HAS THE EXPENSE BEEN PAID?	IF SOMEONE ELSE PAYS FOR YOU, PLEASE COMPLETE:
Rent or Mortgage	\$		Name:
			Phone:
Utility Bills	\$		Address:
Food	\$		Name:
			Phone:
			Address:

Section 4: If none of the above applies to you, please explain how your monthly expenses were paid:

Signature:

By signing this form, I affirm that I believe these facts are accurate and true. I give the Service Provider my permission to verify this information. I may be held liable under federal or state law for knowingly making false or fraudulent statements.